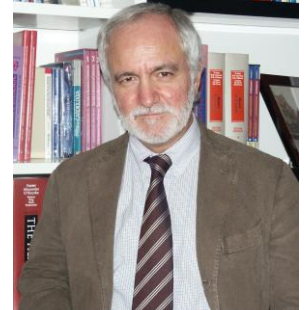


## **Elections to EACVI Board and Sections 2016-2018**

**Application for the  
position:**

**Councillor in the  
EACVI Board**



### **1. Your Identity**

**Title: MD, PhD, FESC**

**Family Name(s): Neglia**

**First Name(s): Danilo**

**Birth Date: March 6th 1957**

**Type of address: Business**

**Institute/Organisation: Fondazione CNR/Regione Toscana G. Monasterio, Pisa**

**Department: Cardiovascular Medicine**

**Address: Via Moruzzi, 1**

**Post Code/Zip: 56124**

**City: Pisa**

**Country: Italy**

## Elections to EACVI Board and Sections 2016-2018

### 2. General Curriculum Vitae (300 words max)

I studied Medicine at the University of Pisa as student of Applied Sciences at Scuola Superiore Sant'Anna. I graduated in 1981, received the certifications in Cardiology in 1984, in Nuclear Medicine and PhD in Cardiovascular Pathophysiology in 1986.

As research fellow in the cardiology group led by Prof. Maseri and Prof. L'Abbate at the Institute of Clinical Physiology of the Italian National Research Council in Pisa (IFC-CNR) I joined cardiac imaging research with leading experts in the field (Prof. Parodi, Prof. Distanti and Prof. Camici). I was visiting Royal Postgraduate Medical School of London, the Cyclotron Research Unit of Liege and the Division of Experimental Cardiology, Johns Hopkins University, Baltimore.

After 5 years as Hospital Cardiologist in Florence I moved in 1997 to Fondazione CNR/Regione Toscana in Pisa (FTGM) being appointed as Head of Positron Emission Tomography and since 2007 as Director of Multimodality Cardiovascular Imaging Program. From 2008 I am also Associate Researcher at IFC-CNR and affiliate Professor in the Department of Medical Sciences at Scuola Superiore Sant'Anna.

Besides clinical cardiology, my activity is mainly dedicated to the clinical and research applications of cardiovascular imaging (Nuclear and CT-PET). I demonstrated by PET the pathogenetic and prognostic role of coronary microvascular dysfunction in dilated cardiomyopathy and performed translational studies on the relationships with myocardial metabolism, cardiovascular risk factors and medical treatment.

More recently, I coordinated national and international collaborative research projects in multimodal cardiac imaging such as the multicenter European EVINCI-Study in patients with stable angina, one of the first examples in Europe of large comparative cardiac imaging research.

I am actively involved in the ESC as Chair of the Nuclear Cardiology and Cardiac CT Section of the EACVI and in the Italian Association of Cardiologists (ANMCO) as board member of the Area of Cardiac Imaging.

## Elections to EACVI Board and Sections 2016-2018

### **3. Previous experience(s) in the EACVI or ESC or your National Bodies?**

- Previous Member of the ESC-ACCA Committee "Education & Training"
- Previous Co-Chair of the European Council of Nuclear Cardiology (ECNC)
- Previous Nucleus Member of the ESC WG on Nuclear Cardiology/Cardiac CT
- Member of the ESC WG on Coronary Pathophysiology and Microcirculation
- Silver Member of the EACVI
- Fellow of ESC
- Current Chair of the Nuclear Cardiology/Cardiac CT Section of EACVI
- Member of the Italian Federation of Cardiology
- Member of the Coordinating Committee of Area Cardioimaging of the Italian Association of Hospital Cardiologists (ANMCO)

### **4. Are you a Board or Nucleus Member of another scientific organisation? If Yes, please specify**

- Member of the Coordinating Committee of Area Cardioimaging of the Italian Association of Hospital Cardiologists (ANMCO)

## Elections to EACVI Board and Sections 2016-2018

### 5. Publications (please list 10 max)

1. EVINCI Study Investigators. Multicentre multi-device hybrid imaging study of coronary artery disease: results from the Evaluation of INtegrated Cardiac Imaging for the Detection and Characterization of Ischaemic Heart Disease (EVINCI) hybrid imaging population. *Eur Heart J Cardiovasc Imaging*. 2016 Sep;17(9):951-60.
2. EVINCI Study Investigators. Effect of Coronary Atherosclerosis and Myocardial Ischemia on Plasma Levels of High-Sensitivity Troponin T and NT-proBNP in Patients With Stable Angina. *Arterioscler Thromb Vasc Biol*. 2016 Apr;36(4):757-64.
3. EVINCI Study Investigators. Limitations of Chest Pain Categorization Models to Predict Coronary Artery Disease. *Am J Cardiol*. 2015 Aug 15;116(4):504-7.
4. EVINCI Study Investigators. HDL cholesterol, leptin and interleukin-6 predict high risk coronary anatomy assessed by CT angiography in patients with stable chest pain. *Atherosclerosis*. 2015 Jul;241(1):55-61.
5. EVINCI Study Investigators. Detection of significant coronary artery disease by noninvasive anatomical and functional imaging. *Circ Cardiovasc Imaging*. 2015 Mar;8(3). pii: e002179.
6. EACVI Authors. Cardiovascular imaging practice in Europe: a report from the European Association of Cardiovascular Imaging. *Eur Heart J Cardiovasc Imaging*. 2015 Jul;16(7):697-702.
7. EACVI Authors. Non-invasive cardiac imaging evaluation of patients with chronic systolic heart failure: a report from the European Association of Cardiovascular Imaging (EACVI). *Eur Heart J*. 2014 Dec 21;35(48):3417-25.
8. Neglia D et al. Perindopril and indapamide reverse coronary microvascular remodelling and improve flow in arterial hypertension. *J Hypertens*. 2011 Feb;29(2):364-72.
9. Neglia d et al. Effects of long-term treatment with carvedilol on myocardial blood flow in idiopathic dilated cardiomyopathy. *Heart*. 2007 Jul;93(7):808-13.
10. Neglia D. et al. Prognostic role of myocardial blood flow impairment in idiopathic left ventricular dysfunction. *Circulation*. 2002 Jan 15;105(2):186-93.

## **6. Received Hirsch Index : Year / Index**

H-Index	26
H-Index (Since 2011)	20

## **7. Received Impact Factor(s) : Year / IF**

Total Impact Factor (2015) 514.355

## **Elections to EACVI Board and Sections 2016-2018**

### **8. Why are you interested in joining the EACVI Board (150 words max)?**

After years of activity in the WG of Nuclear Cardiology and Cardiac CT I participated, as incoming Chair, to the building process of the EACVI. I shared with many others the "new vision" of a unified Association where cardiologists and imaging experts would cooperate for the integration and appropriate use of imaging for the care of patients. In the era of "personalised medicine" and of "cost-effectiveness" this is a modern and winning approach.

As member of the board of the newborn EACVI I realized how much has been done but how much is still to be done to match the expectations of the cardiological and imaging communities. I wish to offer my experience and my work to the next EACVI board to help cooperating with imaging associations and national societies and promoting specific initiatives in education, certification and cooperative imaging research which I think strategic for the development of EACVI.